

10' 516300

PATENT APPLICATION SERIAL NO. _____

U.S. DEPARTMENT OF COMMERCE
PATENT AND TRADEMARK OFFICE
FEE RECORD SHEET

12/20/2004 GFREY1 00000074 10516300

01 FC:1631	300.00 OP
02 FC:1632	500.00 OP
03 FC:1633	200.00 OP
04 FC:1615	1150.00 OP
05 FC:1616	360.00 OP

Repl. Ref: 05/27/2005 KBALTIMO 0016020200
DAR:000000 Name/Number:10516300
FC: 9204 \$100.00 CR

Adjustment date: 05/27/2005 KBALTIMO
12/20/2004 GFREY1 00000074 10516300
~~02 FC:1632~~ -500.00 OP

05/27/2005 KBALTIMO 00000002 10516300

01 FC:1642 400.00 OP

PTO-1556

(5/87)

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND			
1 Date of Request: <u>3/26/05</u>		2 Serial/Patent # <u>10/576300</u>	
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED
<input type="checkbox"/>	Filing		\$
<input type="checkbox"/>	Amendment		\$
<input type="checkbox"/>	Extension of Time		\$
<input type="checkbox"/>	Notice of Appeal/Appeal		\$
<input type="checkbox"/>	Petition		\$
<input type="checkbox"/>	Issue		\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.		\$
<input type="checkbox"/>	Maintenance		\$
<input type="checkbox"/>	Assignment		\$
<input checked="" type="checkbox"/>	Other <u>Search fee adjustment</u>		\$ <u>100</u>
		7 TOTAL AMOUNT OF REFUND	
		\$ <u>100</u>	
10 REASON:		8 TO BE REFUNDED BY:	
<input checked="" type="checkbox"/>	Overpayment	Treasury Check	
<input type="checkbox"/>	Duplicate Payment	<input checked="" type="checkbox"/> Credit Deposit A/C #:	
<input type="checkbox"/>	No Fee Due (Explanation):	9 <u>02--0200</u>	
11 REFUND REQUESTED BY:			
TYPED/PRINTED NAME: <u>Kaya Lauer</u>		TITLE: <u>Paralegal</u>	
SIGNATURE: <u>Kaya Lauer</u>		PHONE: <u>(703) 308-9140</u> <u>Ext 202</u>	
OFFICE: _____			
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****			
APPROVED: _____		DATE: _____	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: